

<i>SERFF Tracking Number:</i>	<i>SEFL-127383711</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49638</i>
<i>Company Tracking Number:</i>	<i>SPIR</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>SPIR</i>		
<i>Project Name/Number:</i>	<i>SPIR/SPIR</i>		

Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: SPIR

SERFF Tr Num: SEFL-127383711 State: Arkansas

TOI: L07I Individual Life - Whole

SERFF Status: Closed-Approved-Closed
State Tr Num: 49638

Sub-TOI: L07I.111 Single Premium - Single Life Co Tr Num: SPIR

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Kristi Hendrickson

Disposition Date: 08/31/2011

Date Submitted: 08/25/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: SPIR

Status of Filing in Domicile: Authorized

Project Number: SPIR

Date Approved in Domicile: 08/25/2011

Requested Filing Mode: Review & Approval

Domicile Status Comments: Approved

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 08/31/2011

State Status Changed: 08/31/2011

Deemer Date:

Created By: Kristi Hendrickson

Submitted By: Kristi Hendrickson

Corresponding Filing Tracking Number:

Filing Description:

Form No. Title

R I1109 Single Premium Insurance Rider

Rider form R I1109 allows the policy owner to purchase additional paid-up insurance covering the insured with single premium payments during the first 12 months and while the rider is in force. Upon approval Assurity will use this form with the single premium whole life policy form 0680 approved by your division on 03/23/2006.

This is a new form and will not replace any form currently being used.

This product will be distributed by Assurity's licensed agents and brokers.

SERFF Tracking Number:	SEFL-127383711	State:	Arkansas
Filing Company:	Assurity Life Insurance Company	State Tracking Number:	49638
Company Tracking Number:	SPIR		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.111 Single Premium - Single Life
Product Name:	SPIR		
Project Name/Number:	SPIR/SPIR		

Company and Contact

Filing Contact Information

Kristi Hendrickson, Policy Filing Specialist	policyfiling@assurity.com
1526 K Street	402-437-3452 [Phone]
Lincoln, NE 68508	402-437-3802 [FAX]

Filing Company Information

Assurity Life Insurance Company	CoCode: 71439	State of Domicile: Nebraska
1526 K Street	Group Code:	Company Type: Life/Health
P.O. Box 82533	Group Name:	State ID Number:
Lincoln, NE 68501-2533	FEIN Number: 38-1843471	
(800) 276-7619 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurity Life Insurance Company	\$50.00	08/25/2011	50968532

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/31/2011	08/31/2011

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Disposition

Disposition Date: 08/31/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Single Premium Insurance Rider		Yes

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Form Schedule

Lead Form Number: R I1109

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	R I1109	Policy/Cont Single Premium ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54.400	R I1109.pdf

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • FAX (402) 437-3634

**Single Premium
Insurance Rider**

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. In this rider, "policy" means the policy to which this rider is attached. This rider is issued in return for Your approved application. There is no premium charged for this rider.

SCHEDULE

Insured Person:	[Name of Insured]
Issue Date:	[Issue Date]
Expiration Date:	[1 year after Issue Date]

BENEFIT

During the 12 months immediately following the Issue Date and while this rider is in force, You may increase Your policy's proceeds by purchasing single premium paid-up insurance.

We must receive a payment of at least \$500, a service request form and an evidence of insurability form. We will use no less than 92% of each payment to buy the paid-up insurance. We will calculate the amount and type of paid-up insurance the same way as paid-up additions bought by dividends. The amount of paid-up additions will be added to any existing paid-up additions and be treated as if it were bought by dividends.

We will not require evidence of insurability if payment is received within 60 days of this policy's Issue Date and the policy is issued in a standard rating class. The approximate amount of the payment must also be shown on the application for the policy.

TERMINATION

This rider will terminate on the earlier of the following:

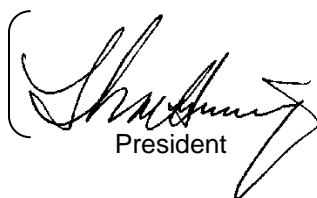
- the date Your policy terminates for any reason;
- the Expiration Date listed on the rider Schedule.

GENERAL PROVISIONS

In this rider, "policy" means the policy to which this rider is attached.

Rider Values. This rider has no cash value or loan value, and does not affect any such policy values.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments:</p> <p>Attachment: ReadabilityCertification.pdf</p>		
<p>Satisfied - Item: Application</p> <p>Comments: The application used for the policy to which this rider is being used is the 47-355-05051 (R05-10) approved 8/03/2010 under DOI filing 46330.</p>		
<p>Satisfied - Item: Life & Annuity - Acturial Memo</p> <p>Comments:</p> <p>Attachment: AM R I1109.pdf</p>		

READABILITY CERTIFICATION

I hereby certify the following forms were tested for readability using Microsoft® Word 2010 program and achieved the following test results:

Company Name: Assurity Life Insurance Company

Form Number(s): R I1109

Type of Form: Single Premium Whole Life

Form No.	Description	Flesch Score
R I1109	Single Premium Insurance Rider	54.4

Carol S Watson
Signature

August 24, 2011
Date

Carol S. Watson
Vice President, General Counsel and Secretary